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British Dental Nurses' JOURNAL®

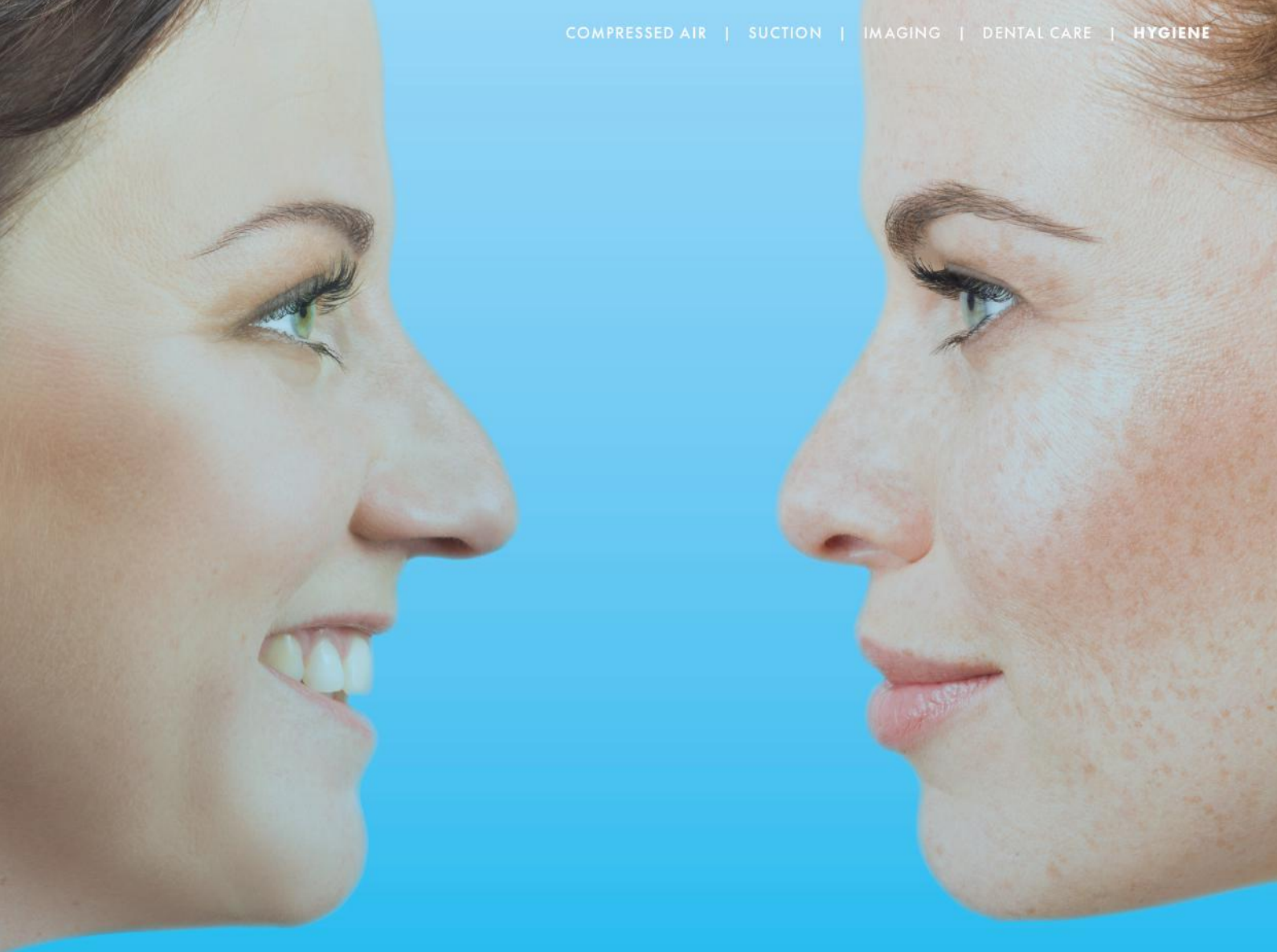
The Journal of the British Association of Dental Nurses



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From your President



Hello and a warm welcome to the Winter edition of your journal. It has been a busy time for us all, I'm sure, during the run up to the Christmas and New Year, with many of us having to work extra hours to ensure our patients are pain free across the festive period.

Perhaps many New Year's resolutions will have been made and quite possibly broken by the time you read this – and I need to confess that I fall into the latter category! It was my intention to make more time for myself this year, but that hasn't happened yet! It won't have escaped your notice either that not only is it a New Year but it's also a new decade! What will this decade bring for us personally and professionally? For us at BADN, we hope to enhance your membership further as we value your support. To do this we will continue to represent you at external stakeholder meetings and exhibitions – we are always looking for members to accompany us, where possible, so if you feel you would like to take more of an active role please get in touch.

At our executive committee meeting last November, we discussed several new ways of providing CPD opportunities for you, to ensure that you continue to receive value for your membership. At our Annual Conference, which was also last November, I announced that we were on the verge of launching our 1:1 professional networking platform. Much work is still being completed to be able to launch this for you very soon. It will be a new and exciting way to reach out to other members by either asking for support or by providing it. This is, of course, in addition to the support you receive from Head Office when you call the HO team. We were very pleased that Sara Hurley, CDO of England, agreed to open the Conference at Oxford as our keynote speaker, as we welcomed an impressive range of subject matter experts

to share their knowledge and experiences with you. It was a pleasure to meet so many members new and existing and a further honour to present your long-service badges, awards and BADN fellowships.

On your behalf since last November, I have been contributing to the Advancing Dental Care Education and Training Review, Guideline Development Groups for Delivering Better Oral Health (Version 4), have met with a number of Presidents from a number of DCP and Dental Associations together with a number of colleagues from the Dental Press. It has been a busy couple of months, but I feel strongly that it is important to work collaboratively with our colleagues to continue our own independence as BADN.

Finally, as you know it is our 80th birthday this year and we are planning several events so keep your eye on the website for updates: www.badn.org.uk. One such update I should mention is that our annual conference will be held in May (15th and 16th) and not in November. We want to celebrate with as many of you as possible, therefore this year it will be part of the British Dental Conference and Dentistry Show at the NEC in Birmingham, where entry is free. BADN will be chairing the Dental Nurses Forum (CPD) and hosting a BADN members lounge (membership card required) for networking, refreshments and celebrations. Help us celebrate, see you there!

Jacqui Elsden
BADN President

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Sarah Pollington appointed College's new Director of Dental Education



The Royal College of Physicians and Surgeons of Glasgow has appointed Dr Sarah Pollington as the new Director of Dental Education.

Dr Pollington graduated from the University of Sheffield in 1992. After working in General Dental Practice, she began part time teaching at the University in 1999, initially in Oral Surgery and then Restorative Dentistry. Following this, she became a full time Clinical Lecturer in Restorative Dentistry in 2001.

In 2008, she went on to complete her PhD in novel dental ceramics and completed specialist training in 2013; Dr Pollington is on the GDC specialist list in Restorative Dentistry, Prosthodontics, Periodontics and Endodontics.

Currently, Dr Pollington is a Senior Clinical Teacher and Honorary Consultant in Restorative Dentistry at the University of Sheffield. She is the Undergraduate Lead for Learning and Teaching in Periodontology, Lead for a number of Prosthodontic clinical skills courses and Director

of Student Affairs. Her research areas involve pedagogical and clinical trial work.

Dr Pollington has been actively engaged with the Royal College of Physicians and Surgeons of Glasgow since 2007, initially as an examiner for MFDS Part 1 and 2, then MFDS Part 1 Multiple Short Answer Lead examiner from 2011 to 2013, Deputy Convenor MFDS Part 2 (North West England) from 2015 to 2019 and a Member of the Dental Education and Training and Professional Development Board since 2017.

Dr. Peter Mossey joins Smile Train Medical Advisory Board

Smile Train, the world's largest cleft organisation, has announced the addition of four new members to its Medical Advisory Board which includes Dr. Peter Mossey.

Led by world-renowned cleft surgeon, Dr. Larry Hollier, Jr., M.D., F.A.C.S (Surgeon-in-Chief of the Texas Children's Hospital, and Chief of Plastic Surgery at Baylor College of Medicine), Smile Train's Medical Advisory Board is comprised of experts from various disciplines covering surgery, anaesthesia, genetics, orthodontics, and speech therapy. Collectively, the new board made up of Dr. Nivaldo Alonso, Dr. Catherine Crowley, Dr. Fernando Molina and Dr. Peter Mossey will help

to ensure that all its programs offer safe, high-quality comprehensive cleft treatment for the children it serves.

"As Smile Train continues to empower local partners to increase access to surgical, anaesthesia, and comprehensive cleft care in low- and middle-income countries, the safety of patients and quality of care remains our priority. The organisation's Medical Advisory Board has developed a Safety and Quality Protocol that sets the required standards for safe surgery and anaesthesia care at Smile Train medical partners around the world," said Dr. Hollier. "It is essential that we have a Medical Advisory Board with diverse backgrounds to develop guidelines, training programs and research initiatives focusing on comprehensive cleft care."

"We are thrilled to welcome our group of new board members. These individuals bring a wealth of knowledge and expertise in comprehensive cleft care treatment and will be a great asset in guiding Smile Train's global cleft treatment programs," said



Susannah Schaefer, Smile Train President & Chief Executive Officer.

Dr. Peter Mossey is currently the Associate Dean for Internationalization at University of Dundee Dental School, and Director of the WHO Collaborating Centre for Craniofacial Anomalies. He is the Leader for the Craniofacial Anomalies theme in the WHO Global Burden of Disease (GBD) Birth Defects Initiative. He was appointed Honorary Secretary of the Craniofacial Anomalies Group of the IADR Global Oral Health Inequalities Research Network (GOHIRN) initiative in August 2012. He is also an expert on Smile Train's – FDI (World Dental Congress) project which aims to create oral health and dental care guidelines and training programs for community dentists, cleft teams and families affected by cleft worldwide.



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Calling all Dental Nurses! Colgate and Oral & Dental Research Trust funding now available

Have you ever thought about doing some clinical research? Well it can come from a simple idea, such as oral health, or something that you are passionate about. Every year DCPs have the opportunity to submit their research ideas for an award that will enable them to undertake the challenge.

Colgate, and the Oral & Dental Research Trust offer awards of up to £5000 each for a maximum of four people as part of the Colgate Robin Davies DCP Awards. It is envisaged that applicants will undertake investigations of clinical relevance, in particular in preventive care. The applicant must be a DCP, but should be supported by a research team consisting of a mentor or supervisor.*

I was lucky enough, together with our Treasurer Joan Hatchard, to be invited to the Awards Ceremony in London last year. Of the four DCPs who were successful there were two dental nurses – Louise Belfield and Samantha Glover – whose projects



Hazel Coey, Past President BADN



were 'Investigating periodontal disease and angiogenesis: identifying a modifiable risk factor for oral cancer' and 'Investigating the identification of barriers to dental care for adults living with dementia in residential care'.

Applications should consist of no more than two A4 pages summarising the background, aims and methodology of the research proposal. Details of the funding requested and how the award will support the investigation/what the research will be used for should also be included.

Involvement with periodontal research brought Professor Robin M Davies (1940-2015) into contact with DCPs and led Prof. Davies to understand their abilities and skills. This led to his support and commitment of DCPs in Dental Research, and to this legacy.

The deadline for entries is February 2021.

*Did you know that BADN now has a new platform for mentorship on our website, which could help you if you decide to

Dentist shares diet tips to Kick Sugar

After 26 years in clinical practice, Dentist James Goolnik finally had enough. The dental team were losing the battle against sugar – there is just as much tooth decay now as there was when he first qualified!

As a parent of three children, James was fed up of fending off the sugar pushed at them. At two-years-old his daughter Emily was so excited to have her first haircut, "just like mummy". At the end what do you think the hairdresser got out? That's right. A huge jar of lollipops bigger than she was, as a "reward" for her first haircut from the hairdresser.

"This is wrong!" James thought. "She loved her first haircut and wouldn't it have been better to have a certificate that she could treasure and put on her wall advertising the hairdresser rather than a two-minute sugar rush never to be thought about again? When it's a child's birthday at school they all bring in cakes – that's 23 birthdays a year! Come top in a test and it's a chocolate bar. Fundraising revolves around cake sales, charity donuts and sweets!"

Deciding that there must be a better way to reward children so that this behaviour is not carried into adulthood, James set up Rewards project, a registered charity made up of dentists, doctors, nutritionists and psychologists with a mission to help the world 'Kick Sugar'.

The charity have a free and entertaining sugar quiz at www.sugarquiz.org so that dental teams and their patients can see how much sugar they are consuming. They also have a free Rewards Review for schools and nurseries <https://www.surveymonkey.co.uk/r/schoolrewards> that evaluates how much sugar is included during their school days... So far over 487 schools have completed it.

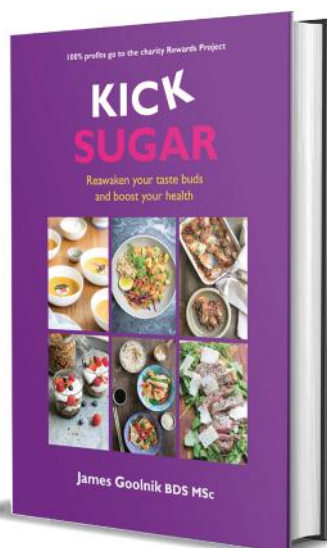
Patients need more help to reboot their taste buds and get off sugar. Once they have tasted the explosions of real food on their taste buds they might never want to go back to the sugar seduction. James, along with leading nutritionist Jenny Phillips and TV chefs Katie and Giancarlo Caldesi, have

written a 14-day sugar challenge cookbook called Kick Sugar to help people reduce the sugar in their diet permanently. This is NOT just a cookbook but a movement with access to a Private Facebook Community to help keep them motivated and moving forward.

Dental decay is an early warning sign that there is too much sugar in patients' diets. What mostly happens is the dental team speak to the patient about cutting down on sugary drinks/snacks, to not drink fizzy drinks and perhaps give a diet sheet. They hope to get them back in six months and expect to see a difference.

They also suggest dental practices try the 14 day challenge – that practice owners sponsor low sugar lunches for their teams for the two weeks so the team only have to prepare breakfasts and dinner, therefore investing in the health of their teams.

The cookbook is on sale now at Amazon.co.uk with all the profits going to the Reward Project charity. Visit www.kicksugar.co.uk or for more on The Rewards Project, visit www.rewardsproject.org



What you can expect from the KICK SUGAR COOK BOOK

You'll Learn – The history of our addiction to sugar

What – Sugar does to your body

Where – Sugar hides in food

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BSPD member 'raisin' awareness of cariogenic dried fruit

A healthy snack for primary school children should be exactly that – healthy. But 5-7 year olds in England are being given raisins as snacks despite the recommendation from Public Health England they should be kept to mealtimes.

A determined BADN member, who is also a member of the British Society of Paediatric Dentistry, is trying to change the policy of the Government-funded School Fruit and Vegetable Service (SFVS) which gives out dried raisins as a snack on the first day of each half term.

Jo Dawson is a Dental Nurse and Oral Health Educator at Devonshire House in Cambridgeshire. The point Jo makes is that by giving out the dried raisins, the schools create the perception that raisins are a healthy snack to enjoy between meals.

Jo said: "Like most schools in the country, my children's primary school receives fruit snacks through the SFVS, including raisins six times a year on the first day of every half term. This by itself is not entirely alarming, but it has implications. Schools cannot discourage dried fruit brought in as snacks by older children when they are given out by SFVS."

Jo praised the "fabulous" evidence-based toolkit for prevention 'Delivering Better Oral Health', which was created by Public Health England (PHE) and which includes guidance that dried fruit should be kept to mealtimes.

Having contacted both the SFVS and PHE, Jo continues to push for dried fruit to be excluded from the SFVS scheme. "This needs to change to help protect our children's precious smiles."

Jo is full of praise for any school which promotes healthy eating. She identified Lower Place Primary School in Rochdale where Garry Johnson, the headteacher, has been recognised by the Oral Health Foundation for his Healthy Lunchbox and Snack policy.

Claire Stevens, spokeswoman for BSPD, said: "Dried fruit such as raisins can form part of a healthy diet, but we recommend that they are eaten sparingly and at mealtimes. Drying fruit concentrates the sugars and creates a food which can stick to teeth and cause decay. For this reason, whole fresh fruit and vegetables are a much safer snack for children. Well done to Jo."



Mouth Care Matters

This year, the National Dental Nursing Conference will be held as part of the Dentistry Show/BDA Conference at the NEC on 15 and 16 May, taking over the Dental Nurse Forum. Tailored specifically to dental nurses, the Forum will offer a two day lecture programme covering a variety of relevant and inspirational topics and will be chaired, as usual, by BADN.

Among the impressive speaker line-up will be Debra Worthington, who brings with her more than 30 years of experience in dentistry. She has worked as a dental nurse in various different roles, gaining postgraduate qualifications in oral health, radiography and conscious sedation. She is President of the Orthodontic National Group and a member of the Dental Care Professionals Advisory Board at the Royal College of Surgeons in Edinburgh. In addition, Debra is currently the Maxillofacial Unit Manager at Salford Royal Hospital, leading a team of community dental nurses, maxillofacial and orthodontic nurses, orthodontic therapists and dental therapists.

She will be sharing her wealth of expertise on the nation-wide



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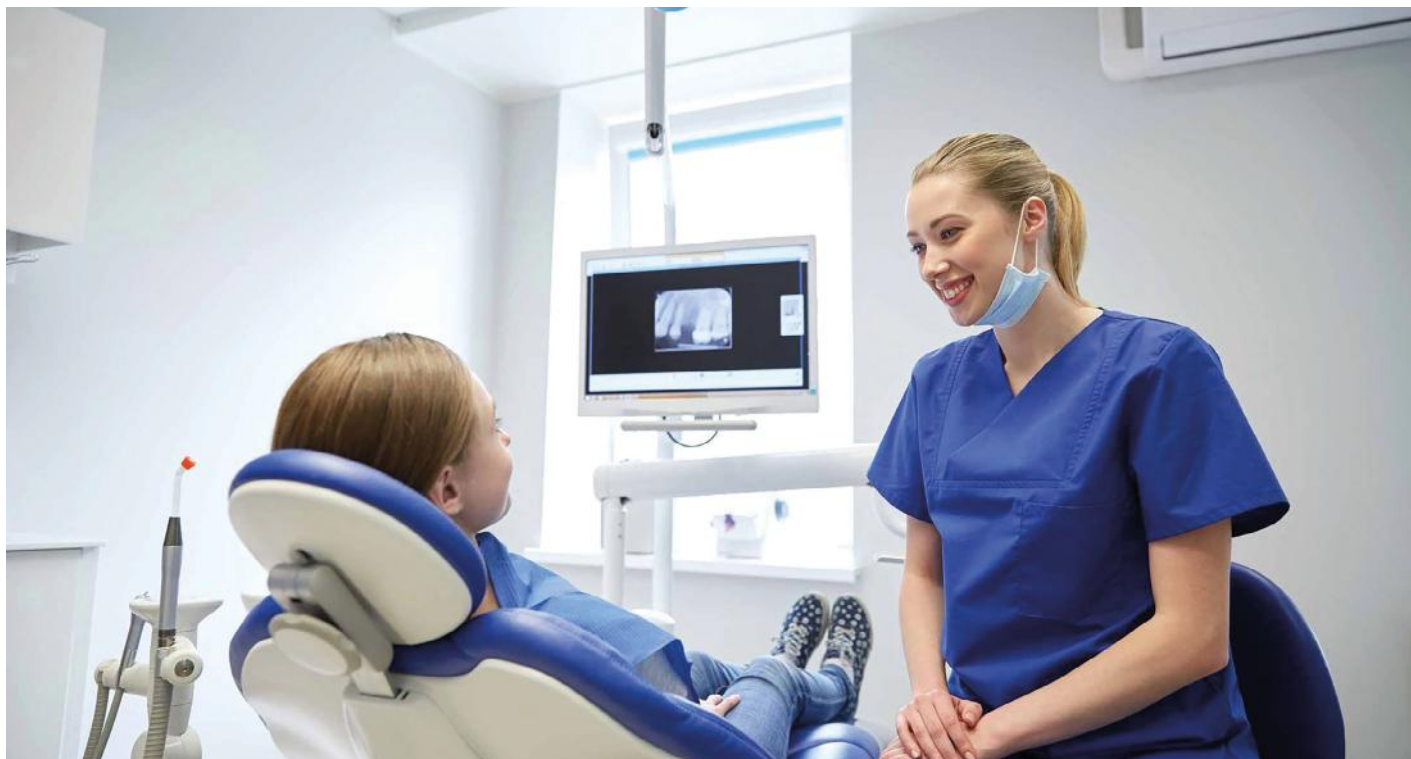
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Mouth Care Matters programme within the Dental Nurses Forum. Speaking about the scheme,



Debra says: "Oral health is an important part of general health and wellbeing. It allows people to eat, speak and socialise without discomfort or embarrassment. Research shows that oral care is often lacking in hospital and community care settings, especially among patients who may be unable to carry out their own personal care and rely on others for support. Mouth Care Matters seeks to address this."



Understanding the needs of autistic patients

Autism is one of those conditions that isn't spoken about enough. Indeed, due to the nature of autism and the different way it presents in individuals, it can be very difficult to tell whether someone is autistic at all, and this can result in those with the condition feeling invisible or unable to speak out. The first week of April is Autism Awareness Week, and this is the ideal opportunity to see if you can make any changes to the way you provide treatment in order to help better accommodate patients with this condition.

Autism is much more common than you would think. In the UK alone it is thought that 1.1% of the population is on the autism spectrum (this includes those with Asperger Syndrome and Pathological Demand Avoidance). This roughly equates to over 730,000 individuals.

Dental appointments can be very stressful for these individuals. This is mainly due to the fact that many autistic people are likely to experience higher levels of anxiety. This may either stem from the way they process information or any potential learning difficulties they have.

One good approach to have with autistic patients is to try to avoid making them wait extended times for their appointment. This waiting period is likely to only enhance feelings of anxiety and stress that they are feeling about the situation, and it's far better to prioritise these patients where possible instead of them leaving and not receiving any dental care at all. Can you encourage them to book a double appointment so that

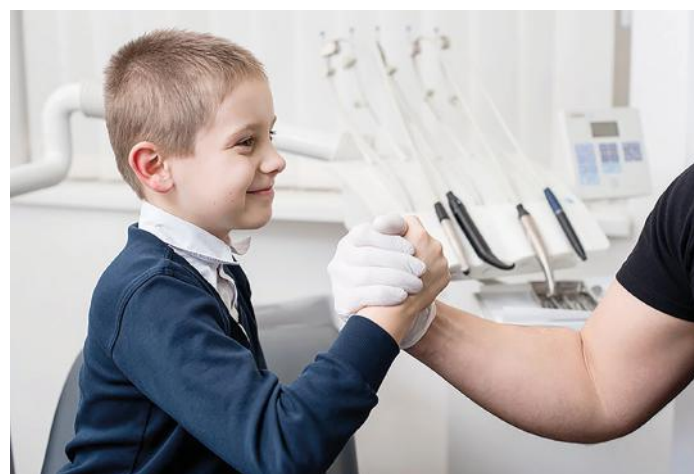
you have more time to look after them in a more relaxed time-frame? This is a great way to overcome the stress of the high-speed appointment turnaround, and will give you the freedom to properly explain treatment and ensure they have the time they need to process the information you're giving them.

Communication with autistic individuals really is key. One of the defining features of autism is that these individuals need information to be clear. Explain why you are going to perform each action – for example, when doing a check-up tell them what you are using the mirror for and warn them it may touch the inside of their mouths and be cold. This way you cut out the chances of any nasty surprises which can upset and cause increasing levels of panic. What about presenting treatment information visually? This is another great way to ensure that your autistic patients are fully informed.

Autistic individuals may also be very sensitive to light and noise. Although these issues are harder to overcome, you may be able to make some small changes that help, or provide autistic patients with items such as stress balls or other distractions to see if these make treatment easier for them.

In the end, autistic patients need that extra attention in order to ensure they receive the necessary care in a calm, understanding environment. The changes you make don't need to be major, and even just extending contact time with these individuals can be hugely helpful moving forwards.

For more information about the BSDHT, please visit www.bsdht.org.uk call 01788 575050 or email enquiries@bsdht.org.uk



About the author

Julie Deverick

Julie has over 30 years' experience as a dental hygienist, during which time she has also gained skills in teaching, management and administration which help her in her BSDHT role. Julie continues to work in practice so she understands some of the frustrations and limitations of the job, which is why she is keen to continue supporting members of BSDHT by working with the Executive Committee and others, to break the barriers that confine dental hygienists and dental therapists in the workplace.



The Dental Awards 2020: Raise a toast to those who help make it happen

The Dental Awards continue to receive support from some of the industry's most highly esteemed innovators, with Colosseum Dental the latest to embrace what for years has been described as 'the ceremony of the year'.

Rows and rows of dental professionals joined by their family and friends sit talking and laughing as they eagerly await the evening's entertainment. The cocktail reception has already been attended, and as the most refined cuisine makes its way onto tables and sumptuous wine teases the palate, a DJ waits patiently for the Dental Awards ceremony to come to a close and the dancing to begin...

As those who have attended the Dental Awards in previous years will tell you, every event is unique for its quality entertainment, yet steadfast in its ability to deliver an exciting and unforgettable evening every time. Part of what allows the Awards to deliver on its promise of luxury is owing to the generosity and heartfelt commitment of its sponsors, who share our belief that dental professionals across the country deserve to be recognised for their dedication to patient care.

The team at The Probe would therefore like to thank our newest sponsor, Colosseum Dental, for helping us on our mission to create a night to remember.

One of the UK's major providers of dentistry, as well as Europe's most rapidly-growing dental company, Colosseum Dental cares for more than 750,000 NHS and private patients with over 70 UK clinics.

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It is a privilege to announce Colosseum Dental a Dental Awards sponsor!

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COLTENE is the name behind some of the most innovative dental products and materials on the market. Its mission is 'Upgrade Dentistry' – that it is always possible to find ways to do things better, quicker and easier, for reliable outcomes every time. COLTENE listens to what forward-thinking dentists want and this is just one of the reasons why it is committed to ongoing research and development.

As one of the two busiest dental agents in the UK and Ireland, Dental Elite aims for extraordinary results, specialising in dental practice valuations and brokerage services, dental recruitment and dental practice finance services. The team set their service ahead of the competition, guiding all their clients through the next step in their careers – be that job-hunting, buying or selling.

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To all of our sponsors, thank you for helping us to go the extra mile!

The Dental Awards takes place on Friday 15th May 2020 at The Hilton Metropole N.E.C. Birmingham. Visit: www.the-probe.co.uk/awards/the-dental-awards-2020/

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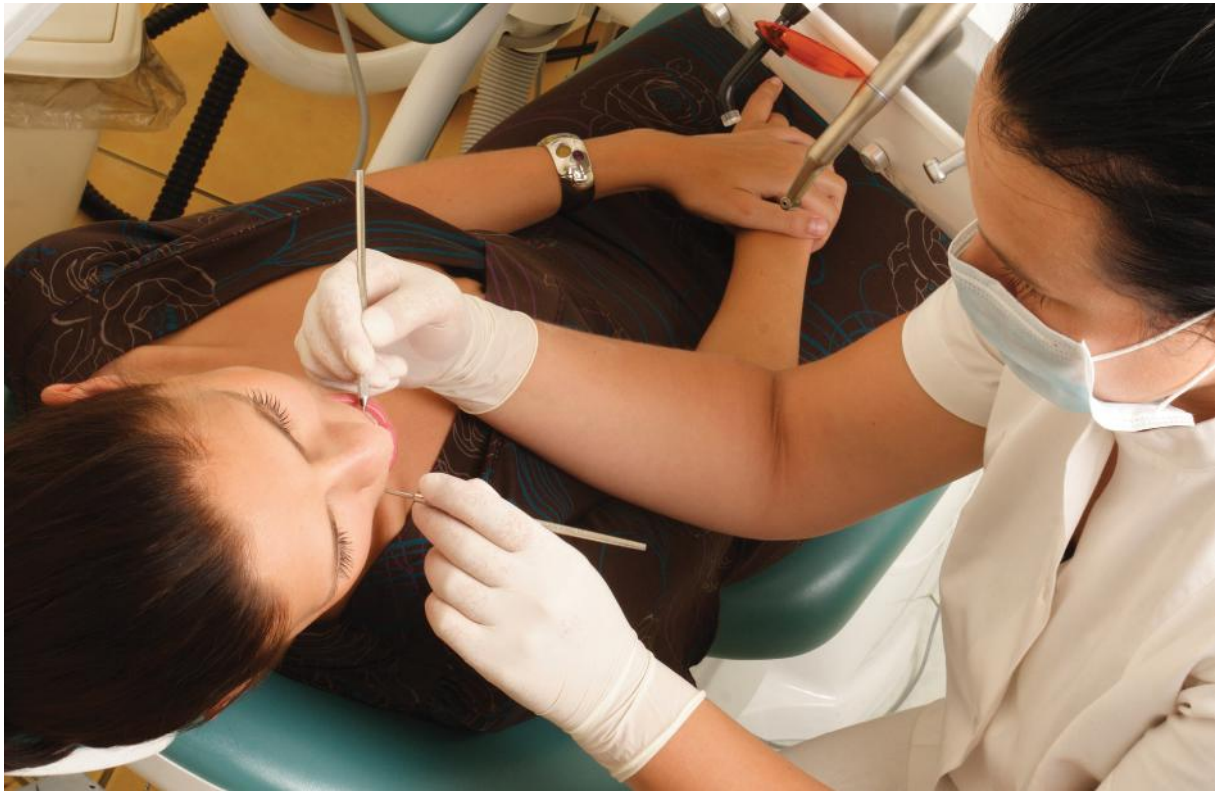
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When mental capacity to offer consent is questioned

Consent is a huge part of dentistry today. It is the foundation on which every patient appointment is built upon and is vital for every kind of treatment. It requires the dental team to help a patient fully understand their oral health condition, the reasons treatment might be needed and what the proposed procedure involves. Emphasis is very much on the patient's understanding of the process – it is not enough to simply give them the information. The consent process is further complicated when it comes to caring for patients who may lack the mental capacity to consent to their own treatment.

The regulations

In England and Wales, the Mental Capacity Act 2005 (MCA) provides a legal framework when caring for people over 16 who may lack the capacity to consent. The Mental Capacity Act (Northern Ireland) 2016 and Adults with Incapacity (Scotland) Act 2000 will be relevant to dental professionals working in these regions.

The legislation sets out five key principles that all professionals working in health or social care should adhere to:

1. Every adult over the age of 16-years has the right to make their own decisions.
2. People should be supported wherever possible to make their own decisions. This involves giving them all the relevant information and encouraging them to

make a choice for themselves.

3. Adults have the right to make decisions that others disagree with.

4. Any care, treatment or support given to a person without the mental capacity to consent, must be in their best interests and no one else's.

5. Anything provided for a person lacking mental capacity must be delivered in the way that least restricts or impacts upon their rights and freedom of action.

Assessing capacity to consent

All adult patients should be assumed to have the capacity to consent, unless dental professionals have reason to believe otherwise. The MCA stipulates that assessing a patient's mental capacity must be decision-specific – the assessment therefore must be tailored to the decision required at that time, and repeated as and when further treatment is recommended. As mental capacity





can be fluid, this ensures that the best thing is done for the patient each time a decision about their care is required.

Where there is need to assess an individual's mental capacity, there are a few key areas to consider. According to the CQC, there is a two-stage process. The first is to be aware of any physical or mental impairments that could impact the patient's ability to comprehend information or communicate their understanding. The second is to ask a series of questions about what the patient is or is not able to do. For example, can the patient understand any information provided that is relevant to their decision about treatment? This includes details about potential complications associated with going ahead with treatment or not, as well as consequences of not making a decision. Can they then retain the information? Are they able to comprehend that information and use it to make an informed decision? And finally, can they communicate their choice? If the answer to any of these is unsure, then a dental practitioner may determine that the patient lacks capacity to legally consent to dental treatment. In this event, it is important to consult with the patient's next of kin, relatives or carers. Their views and opinions on any proposed treatments should be taken into account and the entire process very carefully documented in the patient's records.

In fact, this is an essential part of the process – especially where the dental team must make a decision about treatment on a patient's behalf. There are several different reasons why a patient may not have the mental capacity

to consent to treatment. These include a diagnosis of dementia or a learning disability, a stroke or brain injury, a mental health condition, substance misuse, or confusion/unconsciousness due to an illness or related treatment. In order for the dental team to protect themselves from any future challenges to their decisions from the patient's relatives, accurate records of the capacity assessment for each treatment decision are crucial.

The dental nurse's role

All members of the dental team have a role to play when caring for patients who may lack mental capacity. Dental nurses are particularly well-placed to help with the assessment.

When determining a patient's mental capacity, it is essential that they have first been given all the support possible to make their own decision. The dental nurse is often a highly approachable figure in the dental team. As such, many patients – regardless of their mental capacity – feel more comfortable speaking to them instead of the dentist. This provides an opportunity for dental nurses to more effectively convey all the relevant information about a proposed treatment. It can sometimes help to present the information in a different way – perhaps with visual aids or models – to improve the patient's understanding.

The easier relationship between dental nurse and patient can also help to garner more information from the patient. For example, a person may openly chat to the dental nurse about how their medication makes them drowsy in the afternoon. With this information, future

appointments can be booked in the morning to encourage the patient's proper engagement and enhance their capacity to consent to any treatment. Similarly, a patient may disclose their fear of the dentist to the dental nurse, which once again helps the dental team adapt their care. By reducing anxieties, the patient may be able to concentrate more on the treatment procedure being explained, hence improving their capacity to consent.

Quality care

It is important for dental nurses, like all members of the dental team, to receive appropriate training on topics such as this. With instruction and guidance, professionals can develop confidence in their approach to patients who may lack mental capacity, thereby improving the quality of care provided. As a matter of best practice, Colosseum Dental has already introduced training on mental capacity awareness as part of the CPD available to its dental nurses and other members of its practice teams.

Ultimately, understanding the mental capacity of patients provides a way of safeguarding them and ensuring they receive the high standard of dental treatment they deserve. It also ensures that dental nurses and their colleagues provide the support that all their patients need to access the right care for them.

For more information about Colosseum Dental, please visit the website at: www.colosseumdental.co.uk ■



Dental nurses – recognising and reacting to medical emergencies

All members of the dental team have a duty of care to patients, and all staff members should be aware of what their role is in the event of a medical emergency. The most common medical emergencies reported in dental practices are: vasovagal syncope (fainting - 63%), angina (12%), hypoglycaemia (10%), choking (5%), asthma (5%) and anaphylaxis. So it is important to be familiar with the symptoms of these and how to respond effectively.

A medical emergency can happen anywhere and at any time. They are more likely to occur where a person has a history of medical problems, and so particular care should be taken when a patient falls into this category. However, even when professionals are as informed as possible regarding a patient's medical history, unpredictable emergencies can still arise. In the UK around 500 people a year die suddenly following cardiac arrest, with no discernible cause (sudden arrhythmic death syndrome - SADS) – many of them young and in seemingly good health. While such incidents are very rare, they do show that medical emergencies can strike out of the blue with no warning. However, rather than this being a source of worry, we should take stock of the fact that if an emergency takes place in a practice, there are people such as yourself on hand to help them.

As a dental professional, the GDC states that you must follow the

information and updates provided by Resuscitation Council (UK) on what to do during a medical emergency.

Cardiac arrest

Cardiac arrest is likely the most serious medical emergency you might encounter, as without immediate treatment, cardiac arrest is virtually always fatal. It is estimated that around 60,000 people die from sudden cardiac arrest (SCA) every year. When SCA takes place outside hospitals, only 1 in 10 people currently

survive. Cardiopulmonary resuscitation (CPR) and the use of AEDs, give people undergoing SCA the best chance of surviving long enough to receive further medical attention. The NHS ambulance service targets a 7 minute response time for Category 1 – life threatening – calls, though the average time can be significantly higher depending on location.

During cardiac arrest the patient's heart stops, causing them to lose consciousness and become





unresponsive, usually within seconds. Their breathing will either stop or become abnormal (irregular gasps of breath). CPR should begin immediately upon recognising these signs. The sudden lack of blood flow to the brain can cause the patient to move as though they are having a seizure, but you can distinguish between SCA and epileptic seizure by whether the patient is breathing or not. Research indicates that the sooner CPR is administered following cardiac arrest, the better the patient's neurological outcome is likely to be.

Serious harm from CPR, even from cases where the victim was ultimately found not to be in cardiac arrest, are extremely rare. For those undergoing cardiac arrest, there is a risk of damage to the ribs and sternum, but this is far outweighed by the risk posed by the cardiac arrest itself. During an emergency every second counts, so do not hesitate out of fear of causing harm.

Heart attack

Heart attacks are not the same as cardiac arrest. Cardiac arrest is caused by the electrical signalling to the heart going wrong in some way, which can be caused by many different things, including: heart conditions, infection, severe haemorrhaging, electric shock, drugs and asphyxiation. Heart attacks

are caused by the blood supply to the heart being interrupted or stopped, usually due to a clot, so they are fundamentally a circulation problem. A heart attack is a major risk for cardiac arrest and this may be why they are often confused with each other, but the majority of people undergoing a heart attack will not go into cardiac arrest. During a heart attack the patient is likely to remain conscious. CPR is not required while a patient is conscious.

Patients suspected to be having a heart attack should be encouraged to sit down and stay calm. They should not lie down as this can place more stress on their breathing. Provided they are not allergic, taking an aspirin can help as it rapidly thins the blood, reducing the strain the heart is under. Heart attacks can vary in severity greatly, some patients will experience no further complications, while others can be fatal without immediate attention. Anyone suffering a suspected heart attack should receive urgent medical attention, no matter how "minor" the symptoms may appear.

Anywhere patients may be seen clinically should be fitted with an emergency drugs kit and an automated external defibrillator (AED). The AED should be clearly marked with the standard AED sign, which is green and says Defibrillator

Heart Restarter. These machines are specifically designed to be usable by anyone without training, providing simple instructions and prompts. They will not administer current unless they detect that the patient's heart rhythm falls into a pattern indicative of cardiac arrest. The use of a defibrillator within the first 3-5 minutes of cardiac arrest increases the survival rate to between 50-70%. Should you struggle to remember your first aid training for any reason, stay calm and call 999 so the operator can provide simple and clear instructions over the phone.

All dental nurses will undergo training in medical emergencies as part of their core CPD requirements. Some dental providers, such as Colosseum Dental, offer professional education on this topic as standard. Quality training leads to fast and effective action. Decisive, informed action can make a huge difference to the outcomes of medical emergencies. It is important that dental nurses and all members of the clinical team maintain their knowledge of first aid, and remain vigilant for the signs of a serious issue.

To find out more please visit the website at: www.colosseumdental.co.uk ■



To gain your CPD certificate for this program, you must first register yourself online at: www.the-probe.co.uk/courses/course_category/brush-up if you haven't already. After signing up, or signing in, click on "CPD then Brush Up" to gain access to all the CPD questions and multiple choice answers. Please read the articles carefully before submitting your answers to the questions, as you will only have two attempts to gain your certificate. Once you have submitted the correct answers for both articles, you will be able to download and print out your CPD certificate.

Article one (one hour CPD): *[When mental capacity to offer consent is questioned](#)*

1. What legislation applies in England and Wales?
2. How often should a mental capacity assessment be made by the dental team?
3. What questions should be covered within an assessment of mental capacity?
4. According to the article, what is important to protect the dental team in the event that their decision regarding a patient's mental capacity is challenged?
5. What can lead to a patient's lack of mental capacity?
6. How can dental nurses aid the process to assess a patient's mental capacity?

Aims and objectives:

- To be aware of the regulations relating to patients' mental capacity
- To understand what assessments for mental capacity should include
- To appreciate the dental nurse's role in supporting patients

Article two (one hour CPD): *[Dental nurses – recognising and reacting to medical emergencies](#)*

1. A patient has collapsed and their breathing is unusual, what should you do?
2. The use of a defibrillator within the first 3 to 5 minutes of cardiac arrest increases the chances of survival to?
3. What is the most common medical emergency reported in dental practices?
4. How many people die from sudden cardiac arrest in the UK annually?
5. Where should an emergency drugs kit and automated external defibrillator be fitted?
6. In the event of a heart attack, what medicine may help?

Aims and objectives:

- Understand what to do in the event of a cardiac emergency.
- Understand the role of the dental team during emergencies and the difference that swift action can make.

Answer online at: www.the-probe.co.uk/courses/course_category/brush-up



Feedback

We hope that you have found this program valuable. If you would like to make any comments on the Brush Up on CPD program, we would be delighted to hear from you. Please fax us on 01732 371571 or email info@purplems.com quoting "Brush Up".

Practice. Made perfect.

At Colosseum, we've invested **millions** refurbishing and modernising all 70 of our clinics for both our patients and our staff, just like Nilofer, Dental Nurse at our shiny new Beckton clinic.

Come and join us!

We're on the lookout for talented nurses, hygienists and practice teams who are patient-focused and hungry for a new challenge. Want to find out more?

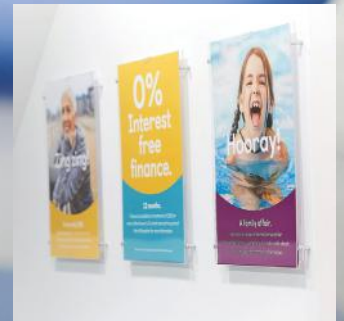
Contact our friendly recruitment team today.



01293 577845



recruitment@colosseumdental.co.uk



Do you want to be more involved?

Are you interested in becoming more involved, more active, in BADN – your professional association? We are looking for Registered Dental Nurses who are current BADN members for the following roles:

Education Representative (member of the Executive Committee)

If you work in dental nurse education and would be interested in becoming part of the Executive Committee, please contact the Chief Executive at pam@badn.org.uk for more information. This voluntary role would include attending 4 Executive Committee meetings per year, and liaising with training providers, tutors, awarding bodies, etc.

Panel of Representatives

If you work in a specific area of dentistry (Special Care, for example) and would be interested in joining our Panel of Representatives, please contact pam@badn.org.uk for more information. These voluntary roles involve liaising between the Executive Committee, and other organisations relevant to your area of specialism, but do not involve attending Executive Committee meetings.

Education Committee

We are looking for both Registered Dental Nurse BADN members who are involved in the delivery of training/education, and student members (as well as RDN members who are undertaking further study/qualifications) to join our Education Committee. For more information, please contact pam@badn.org.uk.

BADN IS 80

The Dentistry Show

We are celebrating our 80th anniversary this year, so we are combining our usual Conference with the Dentistry Show at the NEC on 15-16 May. We will, as usual, chair the Dental Nurse Forum, this year with BADN speakers (programme details available soon). Entrance is free to all members of the dental team.

We will also have our usual stand at the Dentistry Show, but this year there will also be a lounge area attached, where current BADN members will be able to relax and chat. (You will need to bring proof of current membership along with you to gain entry!)

Celebratory Afternoon Tea

We shall also be holding a Celebratory Afternoon Tea at the NEC Hilton on Saturday 16 May 2020 at 4pm. Places are limited, so reserve yours now at our website www.badn.org.uk.

Drinks Reception

We are holding an 80th Anniversary Drinks Reception in central London on 1 July 2020 at 5pm. Again, places are limited so if you would like to attend, please send your details to events@badn.org.uk before 31 May 2020. Names will be chosen at random from those who have applied. Please note that although this event is free of charge, you are responsible for your own travel costs.

March

- 3 Hindu New Year
- 7 Royal College of Surgeons of Edinburgh Annual Conference for DCPs, Edinburgh – www.rcsed.ac.uk NEBDN Spring Conference
- 10 Holi
- 10 Purim
- 12 FGDP(UK) Diplomates Ceremony – enquiries to fgdp@fgdp.org.uk
- 12 FGDP(UK) Annual Dinner & Awards – more info at www.fgdp.org.uk/event/fgdpuk-annual-dinner-and-awards-ceremony-2020
- 13 NEBDN Post Reg exams
- 17 St Patrick's Day Bank Holiday (N. Ireland only)
- 18 Practice Management/Development course (ends Nov 2020), Prince Charles Hospital Merthyr Tydfil PG Centre – www.maxcourse.co.uk/walesdent or Katherine.Liddington@wales.nhs.uk
- 19 Lead Dental Nurse course (4 sessions), Glan Clwyd Rhyll PG Centre – as above
- 20 Practice Management/Development course (ends Sep 2020), Glan Clwyd Rhyll PG Centre – as above
- 21 Naw-Ruz (Bahai New Year)
- 22 Mother's Day
- 28 Orthodontic National Group Spring Study Day, London - www.orthodontic-ong.org/
- 29 BST begins (clocks go forward)
- 30 BAOS Regional Reps Study Day, Liverpool - r.capaldi@rcsed.ac.uk | baos@rcsed.ac.uk | www.baos.org.uk | @BAOS_UK

April

- 1 NEBDN Sept 20 CRF entry deadline
- 3 BAOS Regional Reps Study Day, Belfast - r.capaldi@rcsed.ac.uk | baos@rcsed.ac.uk | www.baos.org.uk | @BAOS_UK
- 4 NEBDN National Diploma exam
- 9-15 Passover
- 10 Good Friday
- 13 Easter Monday (not Scotland)
- 19 Easter Day (Christian Orthodox)
- 24-25 Scottish Dentistry Show – see www.scottishdentalshow.co.uk
- 24 Ramadan begins
- 30 Closing date for tickets to BADN 80th Anniversary Tea (NEC, 16 May 2020) – contact events@badn.org.uk or visit www.badn.org.uk

Congratulations goes to...

Congratulations to Debbie Reed, Head of Centre for Professional Practice at the University of Kent, and former BADN Chairman, on being awarded a Doctorate in Education.

BADN launches Health and Wellbeing Hub for members

BADN is pleased to announce the launch of a Health and Wellbeing Hub for its members, with access through the BADN Benefits platform.

The Health and Wellbeing Hub will offer members articles, tips and practical advice on wellbeing across hot topics including; stress management, financial wellbeing and resilience. Every two months the wellbeing hub will launch a new topic and content will continually be refreshed.

Health and wellbeing has never been so important to BADN members and their families. As well as access to the health and wellbeing hub,

BADN members also have access to a free legal advice helpline (in January 2020 BADN members used the helpline for nearly 300 minutes of advice) and a 24/7 counselling support line and Health e-Hub mobile application.

BADN Benefits offers a range of discounts and free services to BADN members on a host of everyday purchases. Whether you are looking for cashback on your weekly shopping, discount on your next holiday (either in the UK or abroad), free eye tests or a trip to the cinema – BADN benefits will have you covered.

Fluoridation – the BADN and what we can do

The National Community Water Fluoridation (CWF) Network has been set up to update stakeholders and to highlight the significant benefits that Community Water Fluoridation delivers. This follows the recent lobbying led by the Royal College of Paediatrics and Child Health (RCPCH), the British Society of Paediatric Dentistry (BSPD) and the BDA to reallocate the recurrent costs of fluoridation schemes away from cash strapped councils.

Dental Teams in fluoridated areas where the benefits are clear as well as in non-fluoridated areas where disease rates are high are being encouraged to engage more actively and support local authorities taking these steps in the interests of improving oral health and reducing inequalities.

Public Health England has provided convincing evidence of the benefits of these schemes. Their fluoridation health monitoring report (PHE, 2018) shows a 45% reduction in the numbers of children admitted to hospital for dental extractions reaching as high as 68% in the most deprived fluoridated areas.

Their most recent data (PHE, 2019) show that 2,847 0-5 year-olds were



admitted to hospital for dental extractions in Yorkshire and the Humber compared with just 663 admissions in the mainly fluoridated West Midlands. With the backing of the dental profession there may be an opportunity for more

communities to benefit in the near future.

The national CWF Network is growing and now includes 19 mainly dental organisations. The National Children's Bureau joined the Network in 2019 showing that membership is starting to include membership across health and social care.

The BADN became a Network partner recently and co-signed a letter of support for four Local Authorities moving towards public consultation on CWF on behalf of members.

How can you support?

Dental Nurses can get involved on a number of levels from re-tweeting the content of the Network Twitter feed (https://twitter.com/network_cwf) and the one part per million Twitter feed (<https://twitter.com/OPPMHull>).

If you want to get more involved and especially if you work in the North East and are prepared to help with activities during the public consultation period email simon.hearnshaw@hee.nhs.uk.

Finally if you work near Leeds you can support the Network and four charities working to reduce health inequalities by attending an informal fundraising curry evening on June 26th from 5-30 p.m.

<https://www.eventbrite.com/e/reducing-oral-health-inequalities-tickets-84512518217>



BADN Chief Exec Pam Swain presents ONG President Debra Worthington with a commemorative gavel – a gift from BADN on the occasion of the Orthodontic National Group's 25th anniversary.

A Great Place to Work

In order to obtain the highest standards of clinical care, a dental provider must ensure that its professional teams have all the necessary skills and abilities. It is just as important to motivate individuals to do the very best job they can every day. It is the combination of these two elements that ensures excellent patient care.

At Colosseum Dental, both aspects are incorporated within the group's core ethos. Not only are all members of the dental team given access to various training and educational opportunities, but the provider is also striving to create ideal working environments. This involves updating the physical premises and facilities, as well as offering other benefits that staff value.

Nikki Bebbington, Senior HRBP at Colosseum Dental, shares the results of a recent survey conducted among professionals within the group.

"Becoming an Employer of Choice is important to the group," she says. "We care about quality patient care so we want to work with those professionals who share our passion. As such, we understand that we need to create an environment in which they want to remain for the long-term."

"One of the tools we use to gain insight into what our practice teams think is the Great Place to Work framework. This involves a comprehensive survey, asking staff about all aspects of working within the group.

"The last full survey was conducted more than a year ago, but the business has had a complete overhaul since then. We are essentially now a brand new dental provider. We therefore decided to see where we stood with our practice teams so far, demonstrating our current ethos for ensuring that the results we strive for translate on a practical level. We also wished to ensure that our ongoing priorities aligned with those of our clinicians and practice staff. As such, we recently sent out a short re-survey to all.

"We were delighted that the responses confirmed the dramatic

improvements that have been made in the last few months. The level of participation was an indicator of enhanced engagement in itself, increasing from about 37% to 61%. The percentage of respondents that would recommend Colosseum Dental as a Great Place To Work also almost doubled. This has provided reassurance that we are moving in the right direction and we will continue to implement the necessary systems to encourage job satisfaction and opportunities for all our professionals.

"In December 2019, the Great Place to Work conducted a large-scale survey, the results of which will provide a benchmark from which to compare ourselves. The insight we gain will further support our development as we strive to become the best employer we possibly can."

Talking more about the approach Colosseum Dental has taken in order to become the business it is today, Nikki adds:

"We have an all-new leadership team, a new HR team and new supporting infrastructure. A direct result of the current leadership has brought with it a change in personality and approach to communication. Philip Buerger, Chief Executive Officer, has an open-door policy and people can contact him directly when they need to. We are also very focused on the human element and so aim to communicate personal achievements and announcements among our dentists and practice colleagues, as well as any business updates and news. We have seen the benefits of this with increased engagement among staff who seem to really care about practice performance and being actively involved in improvements for the benefit of patients. We have also listened to requests and made changes as per staff preferences, for example, on what day of the month wages go through.

"In addition, we have renewed our efforts in terms of training and education, having already rolled out dedicated programmes for practice managers and reception staff. Great feedback has been received for these and we are looking to develop the training further for this year.

"Finally, we have refurbished nearly all of our practices to ensure that our teams have the equipment and tools they need to deliver excellent clinical care to patients."



Looking ahead, Colosseum Dental plans to continue adapting in order to further ensure that it provides a great place to work for its associates and practice teams. In response to requests, it is looking to launch a new, more comfortable and better fitting uniform in 2020, which practice team members had an opportunity to see and provide feedback on at the recent Colosseum Dental Conference.

The Evolve 2 training programme designed specifically for practice managers to develop their skills and confidence will roll-out this year.

Training is also being provided to reception staff so that they too can improve the patient experience in the practice.

A new reward and recognition scheme will offer pay increases to members of the clinical team who have gone above and beyond for their patients and their colleagues. What's more, big plans are in motion for dental nurses, who can look forward to greater flexibility, remuneration, training and opportunities in the future.

Colosseum Dental understands that its people are at the heart of its ability to deliver clinical excellence. By striving to become a great place to work, it offers dentists, clinical teams and non-clinical teams the opportunity to be the very best they can be.

For more information about Colosseum Dental, visit the website at www.colosseumdental.co.uk

About the author

Nikki Bebbington

Senior HRBP at Colosseum Dental



**This article does not reflect the views of the BADN or its members.*

GDC publishes annual costed corporate plan 2020

As part of the GDC's new approach to strategic planning, and further to the publication of its three-year Corporate Strategy 2020-2022: Right time, right place, right touch, the regulator has published its Costed Corporate Plan 2020. The plan promotes greater understanding of the relationship between its regulatory activity and the fees charged, and includes the GDC's forecast of income and expenditure for 2020.

The GDC's 2020 work programme, which is set out across its five strategic aims, is captured by the strategy's title, 'Right time', to illustrate the GDC's continued focus on developing its approach to upstream regulation, 'Right place', to describe the continued work to support issues resolution by the correct organisation and to promote local complaint resolution wherever possible, and 'Right touch', to highlight the regulator's commitment to ensuring its enforcement activity and decision-making is evidence based and proportionate.

GDC Chief Executive and Registrar, Ian Brack, said: "The plan is an essential tool which will enable the GDC to manage its resources, in circumstances which will undoubtedly change over time, so it can deliver an effective, timely and proportionate service for the public whilst providing Registrants with a far higher degree of certainty regarding the ARF for the next three years."

The GDC says this programme of work included in the plan further progresses the GDC's aim of being a fair and cost-effective regulator that intervenes at the right time, in the right place and with the right touch.

TAX REFUND SERVICE

As at December 2019:

Number of BADN members taking up the service: 4,336

Average Tax Refund: £136.51

Total Tax Refunds Recovered for BADN members: £154,251.92

An update from the College of General Dentistry

Steady, determined progress is being made in the complex process of forming the College of General Dentistry (CGDent). Achieving the goal was never going to be easy or quick, and it must be robust and fit for future purpose.

Encouragingly, there has been good growth in the number of organisations and individuals indicating support for the formation of CGDent. Importantly, the many, different, ever-expanding range of organisations supporting CGDent and its ambition to be awarded a Royal Charter now includes, in addition to organisations across dentistry, the Royal College of General Practice, The Royal College of Anaesthetists, the Royal Pharmaceutical Society and the Faculty of Public Health. More than 500 members of the dental team have signed up as individual supporters – an encouraging response, but the drive is on to substantially increase this number. If you have not yet signed up as a supporter, please go online (<https://cgdent.uk>) and do so.

Arrangements are being put in place to appoint an Advisory Group early in 2020. This Group, which will help the CGDent Board of Trustees

shape the College, will include members from across the dental team and from all sectors of general dentistry. Please look out for the call for applications to serve on the Group.

In the meantime, fundraising, arrangements for membership and new career pathway qualifications, discussions on possible partnerships with CGDent, and many more activities, including the separation of FGDP(UK) from the Royal College of Surgeons of England and subsequent transfer to CGDent, are all moving ahead.

Dentistry is going to have its own independent, hopefully Royal College, and it is going to be inclusive, modern and forward looking.

About the author

Nairn Wilson

Chair College of General Dentistry Board of Trustees

'Check before you tick' campaign highlights online eligibility for dental treatment

From the start of this year, new activity from NHS England and NHS Improvement, and NHS Business Services Authority (NHSBSA), has been encouraging dental teams across England to support the NHS 'Check before you tick' campaign to help patients understand their eligibility for free or reduced cost NHS dental treatment.

The campaign is an extension of ongoing 'Check before you tick' prescriptions activity which launched for the first time in September 2018, helping patients to understand if they are entitled to receive free prescriptions and how to claim correctly to avoid unnecessary penalty charges.

The NHS makes checks on free and reduced cost dental claims each month; therefore, the campaign is important in helping to support dental teams to raise awareness of the need for people to check their entitlement using the NHS online eligibility checker. The eligibility checker can also let patients know about other means of support available to help them reduce the costs of dental treatment, such as the NHS Low Income Scheme.

A briefing, along with a toolkit of posters, counter cards and information booklets have been produced and sent to dental practices for use all year round to help remind patients to always 'check before you tick',

using the NHS online eligibility checker. The materials and further digital resources are also available to download via the Campaign Resource Centre (<https://campaignresources.phe.gov.uk/resources/campaigns/100-check-before-you-tick->).

The campaign focuses primarily on patients making benefit-related claims who, according to audience research, can mistakenly assume they're automatically entitled to free dental treatment and may therefore need more help understanding their eligibility. There is also low awareness that the NHS makes checks on claims for free dental treatment and can issue a penalty charge of £100 in addition to the cost of treatment to those who have claimed incorrectly.

Dental teams are being encouraged to display the materials prominently, ensure staff are familiar with the eligibility criteria, and highlight to patients to check their entitlement before completing the patient declaration form.

Information about eligibility is also available to download from nhs.uk/checkbeforeyoutick in a number of alternative formats, including large print, easy read and BSL.

The online eligibility checker can be accessed at: nhs.uk/checkbeforeyoutick.

Did That Really Happen?

This year I turned 50, I didn't want a big party but wanted to do something memorable. I decided the time was right to volunteer abroad and my good friend Sarah Weston (dentist) took very little convincing. Having had a colleague volunteer with Dental Mavericks back in April I felt confident, so we booked a week off in September to go to Lebanon.

After a sponsored walk, car boot sale and a donation from my employer, we had done all the fundraising we could. Then I went around local shops to bag free toothbrushes and toothpaste.

Both our places of work donated materials and we filled all the spaces in the cases with PPE.

Wow. A week nursing with Dental Mavericks at a Syrian refugee camp in Lebanon, 15km from the Syrian border. Bekka valley has 36 per cent of the 1.5 million Syrian refugees.

We arrived late on Saturday night and were met at Beirut airport by a taxi driver. On our journey there were quite a lot of guns and army presence, something we were not used to, but we always felt safe. We were delivered to our accommodation about 45 minutes from the airport and were welcomed by Marta, the field coordinator, and Carole, a Lebanese woman working for an NGO. We couldn't help but notice the kitchen was piled up with boxes of equipment, instruments and materials and two beds in carry cases – they might just be useful over the next week!

After a day of sightseeing on Sunday, Marta talked us through the week ahead and the next morning, five days of work began. We loaded up the boxes into taxis and headed to the camp.

We set up our room in a community centre on the edge of the camp. It was hot and there was no sink or running water. We had disinfectant in a bowl and a hot air oven, lots of hand rub and lots of wipes! 35 degrees with the compressor and hot air oven adding to the temperature during the day was quite a contrast to my normal working day in a private air-conditioned practice in the UK. We worked alongside a Syrian Dentist and had a translator with us most of the time.

We saw 167 patients, 77 per cent of them in pain. Treatments included fillings, extractions, abscess incision, scaling, pulpotomy and lots of fluoride application. We did get to do some brushing with kids in 'classes', it was good to do some prevention and I'm told daily brushing at the Centre is now happening.

We were well supported by the community centre manager and other staff, they provided coffee and lunch. The centre runs sewing, music classes and homework clubs; there were lots of people in and out all day and sometimes it felt chaotic but part of that was not speaking the language.

The food was incredible and plentiful. Turkish coffee, and Middle Eastern dishes and lots of chips! A Syrian lady cooked vegetarian meals for us every evening, they were delicious and delivered to our flat. It was really lovely to talk in the evening with knowledgeable and enthusiastic colleagues about how the country was before the war. Really fascinating.

Friday afternoon we packed it all up again, I did feel sad leaving, it had been an incredible week. Before we knew it we were back at Beirut airport, heading home.

Three words to sum it all up? Rewarding. Grounding. Lucky. I do feel very lucky to have a skill I can take somewhere and just do so much good with in such a short space of time. I'd highly recommend it.

Deb Lawrence is a paddle boarder and dog walker, who in her spare time works as a Dental Nurse at Devonshire House Dental Practice, Cambridge.

Dental Mavericks has established a long-term presence in both Morocco and Lebanon, bringing high quality dental care to vulnerable communities in remote regions deprived of access to it. In Lebanon, their interventions form part of the humanitarian response to the Syrian crisis, and target refugees and vulnerable Lebanese indiscriminately. To find out more, visit www.dentalmavericks.org.



My upcoming Dentaid trip 2021

I have signed up to volunteer abroad as a dental nurse with the charity Dentaid. My trip is to Morocco and it's not till May 2021, so I have lots of time to plan and prepare for it.

I'll be working as part of a team to help some of those with no other access to dental care. Our team will provide dental care in primary and secondary schools.

The trip will give me an opportunity to use my skills to help patients abroad. I have several post-registration qualifications, but I feel that my Oral Health Education and Fluoride Varnish Application will be most helpful.

I've been a member of the BADN for many years and in early 2019 I used my BADN member benefits to book a discounted all-inclusive holiday to Morocco for myself and my partner. If you haven't looked at the Members section of the BADN website, I highly recommend it as you can get discounts on holidays, cinema tickets and more!

Later that year, at the British Orthodontic Conference in Glasgow in September 2019, I met and spoke to Pam Swain, Chief Executive of the BADN, and told her all about my holiday to Morocco.

I picked up some previous editions of the BADN journal from Pam at the conference and when I read them at home, I saw a small piece in there from the BADN asking if anyone was interested in Dentaid as they were looking for someone to sponsor. I've wanted to do this for many years and follow their updates on social media, but it's been one of those things I've never got around to looking into properly and the sponsorship had put me off as I didn't think I'd be able to raise it.

With my enthusiasm high, I began looking into volunteering with Dentaid again and I soon realised this was not a problem at all. I contacted Pam and she suggested that the BADN could possibly sponsor me for half of it. I researched Dentaid again and decided to go for it.

Dentaid run several trips throughout the year to a few countries. I chose the Morocco trip as it's a one week placement, so easier to fit around other commitments and I've been to Morocco previously albeit to a different region. The 2020 places for Morocco were already fully booked so I kept checking for the 2021 places to open.

Meanwhile, I attended the Dental Nursing Conference in Oxford in November 2019 which was organised by the BADN. Rachael Whitaker, a fellow dental nurse, gave a slideshow presentation about her recent trip with Dentaid to Morocco and I was asked if I'd like to chair her presentation. Rachael's presentation made me want to go even more and I asked her questions after her talk and we stayed in touch after the conference on social media.

I was even more keen to join Dentaid after Rachael's talk and at the conference, Jacqui Elsdon, BADN President, said that anyone interested in volunteering abroad with Dentaid should contact the BADN as they'd sponsor a couple of their members.



That was it, my heart was set on this, I quickly contacted and confirmed my sponsorship with the BADN and then contacted Dentaid to ask when the applications for the Morocco 2021 trip would open.

Dentaid informed me and I applied as soon as they opened. The minimum sponsorship for the trip is £1250 which covers flights, accommodation, meals on working days, insurance and dental materials needed to provide free care for the patients. I paid my £350 deposit (refundable if your place isn't accepted) and completed the application form. As part of the application I had to write why I wanted to be involved with Dentaid and this trip and provide references. A few days later I received an email confirming my application was successful and confirming my place.

I had already paid my £350 deposit and had £600 sponsorship from the BADN confirmed, so I just had £300 left to fundraise. I opened a fundraising page online with help from Dentaid and managed to raise this within two days from my generous and supportive friends and family. As my trip is still a long way off, I plan to do more fundraising as any extra raised will help support Dentaid's ongoing and future projects.

I've always been involved in voluntary work. I enjoy giving back to the community and helping others where I can, and I am very excited for my Dentaid trip. I feel like it will improve my confidence, will be an eye opening experience and as a bonus will also look great on my CV. I've enjoyed reading blogs on Dentaid's website and social media from previous volunteers and it feels great to be joining them. There are still various places available for their upcoming trips... Who's with me?

About the author

Claire Kaur FBADN

Dental nurse, BADN Fellow, Panel of Representatives member



Volunteer in Uganda

Dentaid has the opportunity for two dental nurses to join its volunteering team in Uganda from September 10th - 25th, 2020. Be part of a team delivering life changing dental care

and oral health programmes in communities where people have no access to treatment. Find out more <https://www.dentaid.org/volunteering/uganda/>

Decontamination – a safer future

Kate Scheer explains what to look out for when purchasing new infection control equipment...

It is no secret that dental practices all over the country are being inspected for correct procedures and that guidelines are more and more being rigorously upheld by the powers that be. With a backdrop of media hype and inflammatory criticism, it is now more important than ever to ensure that your practice's decontamination facilities are structured to ensure maximum efficiency whilst supporting the effective and profitable functioning of your surgery. Busy dental practices are increasingly facing the serious challenge of maintaining productivity whilst ensuring the safety of patients and the team. These seem like incompatible goals, so the top priority when looking at decontamination equipment is to ensure that it enhances the safety of the team and patients whilst ensuring fast efficient hygiene processes are put in place and adhered to. Advances in dental processing equipment empower practices to develop safe processes while realising efficiencies and remaining economical. It is absolutely critical that all members of the practice team understand the value and importance of effective infection control.

Advice from a decontamination equipment specialist such as W&H can help you to understand the wide array of products that are available to assist you. There are a number of issues faced where decontamination is concerned. It is important that the Dental Team follow a strict cross-infection regime in accordance with local and national guidelines and 'Best

Practice'. For some time now practices have had strict hygiene regimes to safeguard the team, patients and maximise longevity of dental instruments, and it is worth regularly reviewing the most effective methods of improving these to meet current guidance and improve the work-flow.

The use of thermo-washer disinfectors, such as the ThermoKlenz from W&H is considered to be 'Best Practice', for a number of reasons. A risk assessment will show that a member of the dental team manually cleaning soiled and contaminated medical instruments with sharp protrusions is at increased risk of sharps injuries. In addition the ThermoKlenz ensures a reproducible, validatable, medically effective washing process, with the reduced risk of cross infection amongst patients and team.

Accredited thermo washer disinfectors are sophisticated medical devices manufactured for purpose; thorough cleaning is achieved by very high water flow rates at high pressure, these machines use formulated and validated solutions for the particular machine cycles, developed to take into account cleaning efficacy balanced with the necessity to minimise damage to instruments. The cycle must be monitored at all stages and a printed or data record stored. When using a thermo washer disinfectant be aware of the medical standards and guidance demanded as the machine has to reliably and reproducibly process contaminated items in a medical environment. Do not be tempted to use non-recommended detergent or accessories, as they may not be validated to be effective in a dental environment. It is worth taking advice from your instrument and handpiece suppliers to ascertain which machines are approved for use with their products as some chemicals

may be harsher and more damaging than others and if your instrumentation is not maintained correctly it may negate your warranty.

For those looking to prolong the working life of their handpieces, the ideal solution is to invest in a specialist handpiece maintenance system such as the W&H Assistina. The Assistina is designed to effectively clean and lubricate your handpieces prior to sterilization, without compromising their efficacy, maintaining handpieces for optimal working and increasing their working life. The Assistina 3X3 offers a real alternative to putting handpieces in a thermo washer disinfectant prior to sterilization as it cleans externally as well as internally including spray channels and transmission parts with over 99% validated cleaning efficacy.

A good reliable sterilizer is essential to the running of any dental practice.

The new Lisa from W&H is now even better, offering a raft of added benefits, some never seen in a sterilizer before. Lisa is now even more intuitive and easy to use thanks to a new user interface and user



Thermoklenz





oriented menu structure. Lisa currently offers the fastest B cycle of 30 minutes for an average load of 2kg and a 13 minute fast cycle for unwrapped instruments, improving efficiency and saving time. The enhanced ECO dry system is gentle on your instruments, increasing their working life. Lisa now offers real connectivity with enhanced traceability and ergonomics thanks to the Wi-Fi connection and forthcoming W&H Lisa app for Real Time Remote Monitoring. The programmable cycle start ensures improved workflow optimization and time saving whilst the automatic water filling makes it easy and quick to use. The new water separation system, dust filter and water quality sensor makes it even more reliable.

When choosing a sterilizer, you need to be looking at speed, load size and reliability. Although a non-vacuum process may appear to be acceptable, instruments sterilized in this way cannot be pre-wrapped and are for immediate use only. It is also imperative to ensure your chosen sterilizer is designed for effective sterilization of handpieces and other lumened instruments such as those containing tubes, threads or hinges - a vacuum B process is ideal, giving you peace of mind regardless of the load type being processed. With a handpiece, the steam must penetrate internally including the small bore internal tubes such as spray water, spray air, drive, exhaust air and gear mechanisms – and this cannot be



Assistina3X3 with clean instruments

achieved if there is air remaining, which acts as an insulator. The instrument has to be fully purged by the vacuum air removal process, leaving the way clear to facilitate sterilization. Sterilizers that offer an integrated solution for traceability of the cleaning process make it very easy to be compliant.

Following a vacuum B process, pouched sterilized loads can be stored for up to a year according to current guidance. The W&H Seal2 is a convenient user-friendly choice for fast, easy bagging of your instruments.

W&H offers high quality decontamination products and backup, with UK based sales advisors and service engineers who will support customers today and in the future. With W&H you can be confident in the knowledge that you will receive the assistance you require in selecting the right

products & services to suit your individual needs.

For more information regarding the issues of decontamination within your practice, please contact W&H, a specialist decontamination supplier, for advice. Don't take risks with decontamination; wise investment means a safer, more efficient future.

For more information on W&H products and services go to www.wh.com or call 01727 874990.

About the author

Kate Scheer

Kate Scheer is Marketing Executive for W&H (UK) Ltd



GDC appoints head of Scottish affairs

The General Dental Council (GDC) has announced the arrival of Gordon Matheson CBE as their new Head of Scottish Affairs.

Matheson joins the GDC with a wealth of experience gained at the highest levels of local government and from leading the public affairs and policy functions in Scotland for two major national charities.

Speaking shortly after his arrival, Gordon Matheson said: "The GDC's

unwavering commitment to protecting the public through a better, fairer system of dental regulation is clear and I'm thrilled

to join the team at the beginning of the GDC's three-year strategy: Right time, right place, right touch.

"I look forward to working with the whole dental team, the Scottish Government, students and education providers and other stakeholders to help maintain the highest standards within the dental profession for the benefit of patients".

Launch of dental project in residential special educational settings

The NHS Long Term Plan commits to improving the health care of children, young people and adults with a learning disability, autism or both. The Office of Chief Dental Officer, England, in collaboration with the NHS England and NHS Improvement Learning Disability & Autism programme, has embarked upon a 5-year project (2019-2024) with the intention of delivering upon this commitment. This oral health project forms part of a wider initiative, which includes audiology and optometry, aiming to improve provision of and access to health care for children and young people in residential special schools and colleges.

The oral health project will involve:

- Identifying good practice models and learning from that to

- Develop a commissioning standard for oral health care provision in residential special schools and colleges
- Addressing workforce & training requirements
- Piloting and evaluation
- Producing a toolkit to support local commissioners and enable implementation of the commissioning standard.

Consultants in Paediatric Dentistry Claire Stevens and Urshla (Oosh) Devalia will be joining the team to provide clinical leadership to the SES project. Between them they bring a wealth of experience. Claire is lead for the national Dental Check by One campaign and media spokesperson for the British Society of Paediatric Dentistry (BSPD), while Oosh has developed and leads the national Mini Mouth Care Matters programme which aims to improve the oral care of children during their hospital stay and is incoming Honorary Secretary of BSPD.

Impetus on community water fluoridation

NHS England is signalling strongly that community water fluoridation is the optimum intervention to improve the oral health of children and tackle health inequality among disadvantaged communities.

The new impetus is fully supported by the Community Water Fluoridation (CWF) network, which is pressing for targeted water fluoridation in areas of high need. Dr Simon Hearnshaw, speaking for the CWF network, says that the latest unprecedented support from government inspires optimism that the first new scheme in a generation could get the go-ahead.

Health minister Jo Churchill referenced water fluoridation in the House of Commons, responding to a written question about plans for improving children's oral health. Meanwhile, Sir Paul Beresford, Conservative MP for the Mole Valley, and a dentist, gave a powerful speech in favour of community water fluoridation in Westminster.

New content has been added to the NHS England website and a whole page is dedicated to Dental Care and Fluoridation. According to NHS England, if 5-year-olds with the most tooth decay drank fluoridated water they would have 28% less tooth decay and be 45-68% less likely to need teeth removed in hospital.

Dr Hearnshaw, Chair of the Local Professional Network (LPN) in Hull which instigated the CWF Network, said: "NHS England is making the same case that is being made by us and by Public Health England. The whole philosophical thrust is towards the prevention of disease and in relation to dental decay, the most effective and cost-effective measure is water fluoridation."

Dr Hearnshaw welcomed the recognition on the new NHS England web page that show

Bookings open for DCP Edinburgh Study Day

Bookings are now open for the next DCP Study Day taking place in Edinburgh. This event is being held in the Price Philip Building at the Royal College of Surgeons of Edinburgh on Friday the 6th of November 2020. Bookings can be made either over the telephone by calling 0131 527 3436 or via the website at <https://www.rcsed.ac.uk/events-courses/event-entry?diaryId=2658>. 5 CPD points are awarded to each attendee.

support for cwf schemes at a local level by NHS representatives is important. Dr Hearnshaw believes this is a reference to the co-commissioning of feasibility studies by local authorities working with the NHS to provide a strong strategic and collaborative lead.

The CWF network would like NHS England to go one step further- it would like the recurring costs of water fluoridation to be funded by the NHS because it would benefit from the associated reduction in child hospital admissions for tooth extractions, estimated to be as much as £50m annually in the UK.

Dr Hearnshaw continued: "We have some way to go. Last month the USA celebrated 75 years of cwf. They have around 70% coverage, compared to only around 10% in the UK. All around the world new water fluoridation schemes are being adopted. We have not seen a new scheme in the UK since 1985."

References:

1. <https://www.england.nhs.uk/ltphimenu/>
2. <https://www.england.nhs.uk/ltphimenu/better-care-for-health-conditions-for-dental-healthcare/dental-care-and-water-fluoridation/>
3. <https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2018>



Protect yourself with appropriate indemnity

Dental nursing offers a rewarding career for individuals interested in providing excellent patient care. It is an essential role within the modern dental practice, helping to streamline daily procedures and optimising the patient experience.

In order to be the best that they can be, it's crucial for dental nurses to continuously update their knowledge and skills – just like all other members of the dental team. It is also important that they protect themselves from potential legal problems, should a patient complaint be made that affects them and their work.

At the British Dental Conference and Dentistry Show 2020, the Dental Nurses Forum will cover a spectrum of relevant clinical, administrative and career development topics. The

comprehensive two-day lecture programme has been designed by the British Association of Dental nurses (BADN) and will be presented by experts in their fields. Delegates will get the opportunity to interact with both speakers and peers for an enriched learning experience.

Among the speaker line-up will be Sharon Brennan. Sharon is the Medical Malpractice Practice Leader at CFC Underwriting Ltd. She has more than 20 years of experience in the Lloyd's of London insurance market and is one of the UK's leading medical malpractice underwriters. As a recognised authority on both traditional and emerging risks in the healthcare sector, she is well-positioned to share information and advice to all members of the dental team.

She discusses what she feels are the main challenges dental nurses face with regards to indemnity.

"It can be difficult to understand what indemnity means," she says. "However, it's important to appreciate what it actually does and to be able to review the available options to ensure the cover being offered truly protects the dental nurse in their career for when they need it the most. This provides confidence as to whether they will be protected if they are ever subject to a claim and/or GDC disciplinary hearing. It is essential that dental nurses hold their own individual indemnity, rather than relying on the policies of the dentist or the practice. This affords better tailored protection and gives them control of their own arrangements to avoid conflicts of interest should a claim be submitted.

"The BADN is the pre-eminent body representing the voice of dental nurses with both the GDC and other dental care professional associations. The association ensures that dental nurses' opinions and positions on key topics are heard within the dental community. The BADN, as part of its commitment to the dental nursing community and a trusted organisation, has been proactive in sourcing indemnity for its members to ensure the cover is relevant to them, giving peace of mind."

Sharon will be speaking in the Dental Nurses Forum at the British Dental Conference and Dentistry Show 2020. She will share a wealth of information and guidance to help delegates assess their own indemnity policies and seek assistance where there are any uncertainties.

"I will be exploring the importance of having comprehensive indemnity cover that meets the needs of today's dental nurses in their evolving careers," Sharon comments.

"Complaints to the GDC and litigation against the dental community are



on the rise, so individual dental nurses need to ensure they are covered. This is not only their professional obligation as required by the GDC, but failure to carry indemnity can leave them personally exposed to dealing with claimant lawyers and the GDC on their own. This can be very stressful and expensive. It is the same reason that all regulated healthcare professionals carry their own indemnity – to protect themselves. A coat of armour if you will.

"I hope delegates attending my session will gain a better understanding of their professional obligations and therefore be able to better protect themselves."

The British Dental Conference and Dentistry Show 2020 will once again be delivered in partnership with the British Dental Association (BDA). It is completely free for delegates to attend, with hours of enhanced CPD available to all. The trade floor will also host more than 450 manufacturers and suppliers of oral health products and technologies, with training providers also on-hand to provide any bespoke information professionals seek. Be sure not to miss out!

The British Dental Conference and Dentistry Show 2020 will be held on Friday 15th and Saturday 16th May at the Birmingham NEC, co-located with DTS.

For all the latest information, please visit the website at: www.thedentistryshow.co.uk, call 020 7348 5270 or email dentistry@closerstillmedia.com.

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About the author

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Medical Malpractice Practice Leader at CFC Underwriting Ltd.

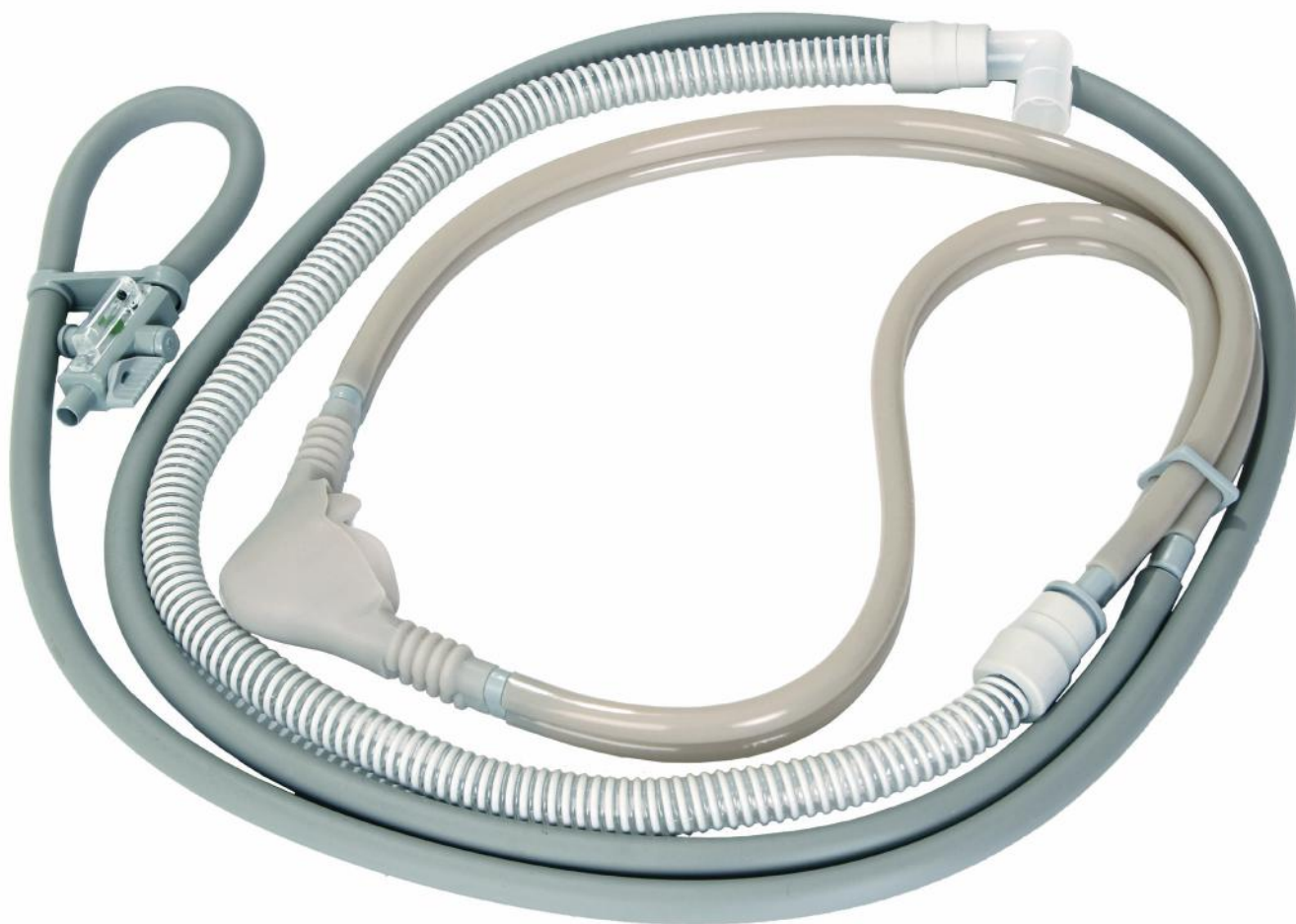


Guide to Infection Prevention and Control

brought to you by RA Medical

This booklet is intended to serve as educational material for dental nurses





IPC Risk Levels for Dental Scavenger Breathing System Components

The importance of cross-infection prevention and control has never been as vital, to protect both patients and staff. This generates the need to adopt robust systems, ensuring this requirement is met, in a methodical, thorough and practical manner.

During routine use, various elements of the breathing systems will be contaminated to some degree. For example, the nasal mask/liner will be in direct contact with the patient's skin around the nose and upper lip. This facial area carries a variety of microorganisms – many of which are pathogenic. The tubing and connectors attached to the mask are also easily contaminated with aerosol from equipment such as ultrasonic, airtors or syringes. It is also vital to consider the direct contact with the contaminated hands of the operator-sedationist or assisting dental nurse. Other components will certainly suffer some aerosol contamination - the reservoir bag, for example.

It is vital that a system is developed to deal with the associated risks, and this may include the use of both autoclavable, and single patient use disposable elements.

There are quite a variety of choices in both dental breathing systems and nasal masks:

Porter brown system

The Porter brown system was introduced to the UK marketplace in 1996 and has proved extremely popular, over and above other breathing systems/masks. There do not appear to be any reported infection issues associated specifically with this system over the last 20+ years and certainly carries a very low level of risk, if the system is

used and cleaned/sterilised according to Manufacturer instructions.

From an IPC risk level, each component of the system is documented below including the reservoir bag, which technically does not form part of the breathing system, but is nevertheless a vital component:

- Reservoir bag – 2 litre or 3 litre (the former the most popular and frequently used). Whilst these are technically an autoclavable item, they do not need to be so used and autoclaving will considerably shorten the product life. The exterior will become contaminated by aerosol spray but can be rinsed. Wiping over with a pre-moistened wipe – such as Clinell or similar type for example, will cause the material of the bag to discolour. The interior cannot be contaminated, due to the one way valving in the fresh gas outlet of the sedation flowmeter – an example of such is the MDM. The titrated fresh gases pass through the bag tee valve, allowing some gas to pass into and fill the reservoir bag, with some gas flow continuing through and immediately out of the 22mm outlet into the breathing system. The patient cannot 'rebreathe' into the fresh gas hose or reservoir bag. IPC Risk level - low
- 3' or 6' fresh gas hose – the normal hose is non-autoclavable, although an alternative autoclavable hose is available. Most people are quite happy to use the former. Again, the interior will never be contaminated, but similar to the reservoir bag, there will be some aerosol contamination. It can be washed or wiped. IPC Risk level - low
- Fresh Gas Y connector – this can be washed or autoclaved – as above, never contaminated internally due to dedicated fresh gas flow. IPC Risk level - low
- Coaxial hose – grey – Manufacturer recommendation

is to wash in warm water with a mild detergent or use a washer disinfectant. They can then be autoclaved at 134 to 137 degrees Celsius – once per week Manufacturer recommendation IPC risk level - medium

- Vacuum Y connector – this can be washed or autoclaved IPC Risk level - low

- 8' vacuum hose – can be autoclaved but most people treat it as a contaminated item. IPC Risk level - low

- Vacuum Control Block – not autoclavable. IPC Risk level - low

- Porter brown autoclavable outer hood, inner liner and pair hood/hose connectors – adult & paediatric. Remove inner liner from outer mask and wash in water and mild detergent. A Thermal washer disinfectant can be used but care must be taken with the liner flapper valve. Cold sterilisation not recommended. The masks, liners and hood/hose connectors can all be autoclaved. IPC Risk level - high

(Important Note: At some point in 2020 the Porter brown grey outer mask will be changing to a clear outer mask (still autoclavable)– the inner liners will remain as grey. Care will have to be exercised to prevent confusion with the Accutron Clearview, especially the adult & paediatric unscented which presents as a clear outer hood with grey inner liner.)

As a rule of thumb, all components should be regularly inspected and replaced, if worn or damaged. Particular attention should be given to the vacuum hose – this is thick walled to prevent occlusion and an easy test is; 'pinch' between thumb and forefinger – if good resistant is encountered, then the hose is safe to continue in use. If easily compressed, then the hose should be replaced immediately.

The life expectancy of all breathing system components is approximately 12-18 months. However, if damaged or exhibiting signs of wear, immediate replacement is indicated.



Additional Breathing System Types

Accutron Clearview is a very similar system to the Porter brown, although, as this is commonly used with the Clearview scented single patient use masks the IPC risk level does not apply to the mask, only the tubing and connectors and these are similar to the Porter brown system with the exception of the vacuum hose which is of a corrugated construction, not smooth.

The Matrix ANS (Autoclavable Nitrous Scavenger) has now been available for many years and was the original OEM response to infection control, first issued in the 1990's. Typically used with a single blue autoclavable mask or latterly, the Dynamite single patient use mask, it has never proved particularly popular in the UK although widely used elsewhere in Europe. As its name implies, the system is designed to be autoclaved.

Porter Silhouette was first issued in 2015 but uptake has been slow. It has single autoclavable fresh gas hose in and single vacuum hose out, but the patient delivery section – comprising a conjoined tubing/mask assembly is completely disposable and can only be used once, due to the adhesive strips on the nasal bridge area of the mask. The design is very streamlined, resulting in enhanced access to certain oral areas.

Accutron Axess is a system roughly similar to the design of the Silhouette, but the only disposable element is the mask itself – the rest of the tubing being autoclavable.



Single Patient Use Disposable

There is currently quite a demand for single patient use products, but they can be expensive on an ongoing basis and not always suitable for everybody. R A Medical offer a product range which will include something that suits most people. These currently include, coaxial hose, hood/hose connectors/ slide adjusters and vacuum Y connectors, Accutron Clearview and PIP masks and the Matrix Dynamite – although the two latter mask types, being only a 'single' mask are rapidly falling out of popularity in favour of the double mask types which are more efficient.

When considering or using this type of product, it is vital to adhere to HTM 02-05; specifically, sections 2.14 to 2.17 (Ref 1).

Conclusion

Due to the manner of which all dedicated inhalation sedation machines are designed and in combination with modern active dental breathing systems, this results in a dedicated one-way flow of fresh/exhaust gases through the system. Therefore, providing the sedation flowmeter is correctly maintained by an O.E.M. trained service provider and the breathing system is correctly maintained and assembled (something that unfortunately does not always occur) then as outlined above, using the Porter brown system as illustration, the patient IPC risk is very low on most components. The mask and inner liner obviously carrying the highest risk category.

At present, there do not appear to be any restrictions on using either autoclavable or single patient use breathing systems; masks and tubings. Therefore, the service choice of either is perfectly correct. Very little information is

currently available re infection control advice on IHS equipment.

An additional factor to consider of course, is that although disposable, single patient use items are an excellent option for infection control, they have implications for waste disposable and purchasing costs. However, many community clinics now have no autoclaving facilities, using a central sterilisation facility instead, and this results in having to purchase larger amounts of autoclavable equipment to cope with the enhanced turnaround time. There is also an increased risk of damage to the components – inner liners being returned minus the flapper valves for example.

Admittedly, preventing cross-contamination when using IHS equipment will place an additional burden on the dental nurses' workload, it does not necessarily have to be an onerous one and resulting benefits to the patient and dental staff are certainly worth the effort. A checklist can be used to demonstrate the decontamination of the breathing system and masks has been correctly carried out, this could also include the flowmeter and mounting, although extreme caution must be exercised when applying liquids or wipes to this equipment.

If there are any doubts or questions, it is best to consult the O.E.M. or Distributor/Supplier who should be able to provide a suitable answer or additional information.

References:

HTM 01-05 Decontamination in primary care dental practices Department of Health 2013

Ref: JP/01/2020



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